2016 Plan Comparison

	Wellness CDHP		CDHP 1		CDHP 2		Traditional PPO	
	In-Network	Out of Network						
Deductible								
Single	\$2,500		\$2,500		\$1,500		\$750	\$1,500
Family	\$5,000		\$5,000		\$3,000		\$1,500	\$3,000
Employer HSA Contribution								
Single	\$1,251.12		\$1,001.52		\$599.04		not applicable	
Family	\$2,502.24		\$2,003.04		\$1,198.08		not applicable	
Out-of-Pocket Maximum*								
Single	\$4,000		\$4,000		\$3,000		\$3,000	\$6,000
Family	\$8,000		\$8,000		\$6,000		\$6,000	\$12,000
- individual embedded	\$6,850		\$6,850		not applicable		not applicable	not applicable
Office Visit	20%	40%	20%	40%	20%	40%	30%	50%
Inpatient	20%	40%	20%	40%	20%	40%	30%	50%
Emergency Room	20%	20%	20%	20%	20%	20%	30%	30%
Urgent Care	20%	20%	20%	20%	20%	20%	30%	30%
	0%	40%	0%	40%	0%	40%	0%	50%
Wellness and Prevention	(no deductible)	(no deductible)						
	Retail	Mail	Retail	Mail	Retail	Mail	Retail	Mail
Prescription Drug	(up to 30 days)	(up to 90 days)	(up to 30 days)	(up to 90 days)	(up to 30 days)	(up to 90 days)	(up to 30 days)	(up to 90 days)
Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(mandated by the ACA)	(no deductible)	(no deductible)						
Generic	\$10 copay	\$20 copay	\$10 copay	\$20 copay	\$10 copay	\$20 copay	\$20 copay	\$40 copay
	20%	20%	20%	20%	20%	20%	30%	30%
Brand, Formulary	20% Min \$30, Max \$50	20% Min \$60, Max \$100	20% Min \$30, Max \$50	20% Min \$60, Max \$100	20% Min \$30, Max \$50	20% Min \$60, Max \$100	30% Min \$40, Max \$60	30% Min \$80, Max \$120
Drand, Formulary	40%	40%	40%	40%	40%	40%	50%	50%
Brand, Non-Formulary	Min \$50, Max \$70	Min \$100, Max \$140	Min \$50, Max \$70	Min \$100, Max \$140	Min \$50, Max \$70	Min \$100, Max \$140	Min \$70, Max \$90	Min \$140, Max \$180
	<u> </u>		<u> </u>					
	40%		40%		40%		50%	
	Min \$75, Max \$150		Min \$75, Max \$150		Min \$75, Max \$150		Min \$100, Max \$175	
* Consus coinsurance and dedu		/ supply)	(30 day supply)		(30 day supply)		(30 day supply)	

^{*} Copays, coinsurance and deductible apply to out-of-pocket maximum



